

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

OR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 2 3

2. STATE:

Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.70(b)(4)

42 CFR 440.110(c)

7. FEDERAL BUDGET IMPACT:

a. FFY '00 \$ 0

b. FFY '01 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 3.1-A, pp. 35, 42-42e

Att. 3.1-B, pp. 34, 41-41e

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Att. 3.1-A, pp. 35, 42-42f

Att. 3.1-B, pp. 34, 41-41f

10. SUBJECT OF AMENDMENT:

Speech, language and hearing therapy services

GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mary B. Kennedy

14. TITLE:

Medicaid Director

15. DATE SUBMITTED:

September 26, 2000

16. RETURN TO:

Stephanie Schwartz
Minnesota Dept. of Human Services
444 Lafayette Road No.
St. Paul, MN 55155-3853

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

9/27/00

18. DATE APPROVED:

12/18/00

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2000

21. TYPED NAME:

Cheryl A. Harris

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED
SEP 27 2000
DMO - REGIONAL

MINNESOTA
Federal Budget Impact of State Plan Amendment TN 00-23
Attachment 3.1-A/B: Speech, Language, and Hearing Therapy Services

Proposed State plan amendment TN 00-23 makes the following changes:

1. Item 7.d.: Physical therapy, occupational therapy or speech, language and hearing therapy services provided by a home health or rehabilitation agency.

The State plan amendment makes these changes:

- a. Clarifies that the services speech pathologists and audiologists provide are *speech, language, and hearing therapy services*.
- b. Clarifies that physician assistants may authorize physical therapy, occupational therapy or speech, language and hearing therapy services.

These changes make item 7.d. similar to the language for items 11.a. through 11.c. Because this is current practice, there is no budget impact.

2. Item 11.c.: Speech, language and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist).

The State plan amendment makes these changes:

- a. Clarifies that speech and language therapy services include, when medically necessary, specialized maintenance therapy. Because this is current practice, there is no budget impact.
- b. Clarifies that audiologists must meet state licensure and registration requirements. Because this is current practice, there is no budget impact.

7.d. Physical therapy, Occupational therapy or Speech, pathology language, and Audiology hearing therapy services provided by a home health or rehabilitation agency.

- **Covered physical therapy services** are those prescribed by a physician, physician assistant or nurse practitioner and provided to a patient by a qualified physical therapist. When services of support personnel are utilized, there must be direct, on-site supervision by a qualified physical therapist.
- **Covered occupational therapy services** are those prescribed by a physician, physician assistant or nurse practitioner and provided to a patient by a qualified occupational therapist. When services of support personnel are utilized, there must be director, on-site supervision by a qualified occupational therapist.
- **Covered speech, pathology language, and audiology hearing therapy services** are those diagnostic, screening, preventive or corrective services prescribed by a physician, physician assistant or nurse practitioner and provided by a qualified speech pathologist or a qualified audiologist in the practice of his or her profession.
- **Restorative therapy services** are covered only when there is a medically appropriate expectation that the patient's condition will improve significantly in a reasonable and generally predictable period of time.
- **Specialized maintenance therapy** is covered only when:
 - physician, physician assistant or nurse practitioner orders relate necessity for specialized maintenance therapy to the patient's particular **disabilities** medical condition(s); and
 - ~~Specialized maintenance therapy is covered only when~~ it is necessary for maintaining the patient's current level of functioning or for preventing deterioration of the patient's medical condition condition(s).

11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist).

Coverage of **speech and language therapy services** is limited to:

- (1) Services provided upon written referral by a physician, physician assistant or nurse practitioner or in the case of a resident of a long-term care facility on the written order of a physician as required by 42 CFR §483.45.
- (2) Services provided by a speech language pathologist or a person completing the clinical fellowship year required for certification as a speech-language pathologist under the supervision of a speech-language pathologist.
- (3) (A) Services provided to a recipient whose functional status is expected by the physician, physician assistant or nurse practitioner to progress toward or achieve the objectives in the recipient's plan of care within a 60-day period; or

(B) Specialized maintenance therapy services necessary for maintaining the patient's current level of functioning or for preventing deterioration of the patient's medical condition(s).
- (4) For long term care recipients, services for which there is a statement in the clinical record every 30 days that the nature, scope, duration, and intensity of the services provided are appropriate to the medical condition of the recipient. This statement is not required for an initial evaluation.
- (5) Services specified in a plan of care that is reviewed and revised as medically necessary by the recipient's attending physician, physician assistant or nurse practitioner at least once every 60 days. If the service is a Medicare covered service and the recipient is eligible for Medicare, the plan of care must be reviewed at the intervals required by Medicare and the recipient must be visited by the physician or the physician's delegate as required by Medicare.

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- 11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist). (continued)

Speech-language pathologist is defined as a person who has a certificate of clinical competence in speech-language pathologies from the American Speech-Language-Hearing Association and meets the state licensure and registration requirements for the services the person provides.

Coverage of **speech-language therapy services** does not include:

- (1) Services that are not documented in the recipient's health care record.
- (2) Services by more than one provider of the same type for the same diagnosis unless the service is provided by a school district as specified in the recipient's individualized education plan.
- (3) Services that are denied Medicare payment because of the provider's failure to comply with Medicare requirements.
- (4) Services that are provided without written referral.
- (5) Services not medically necessary.
- (6) Services that are not part of the recipient's plan of care.
- (7) Services provided in a nursing facility, ICF/MR or day training and habilitation services center if the cost of speech-language pathology has been included in the facility's per diem.
- (8) Services provided by a speech-language pathologist other than the pathologist billing for the service, or a person completing the clinical fellowship year under the supervision of the pathologist, unless the pathologist provided the service as an employee of a rehabilitation agency, long-term care facility, outpatient hospital, clinic, or physician; in which case, the agency, facility or physician must bill for the service.
- (9) Services provided by an independently enrolled speech language pathologist who does not maintain an office at his or her own expense.

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TN: 00-23
Approved: DEC 18 2000
Supersedes: 98-20

ATTACHMENT 3.1-A
Page 42b

11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist). (continued)

Coverage of **hearing (audiology) therapy services** is limited to:

- (1) Services provided upon written referral by a physician, physician assistant or nurse practitioner.
- (2) Services provided by an independently enrolled audiologist who maintains an office at their own expense or an audiologist who is employed by and providing audiology services in a hospital, rehabilitation agency, home health agency, or clinic.
- (3) Services provided to a recipient who is expected to progress toward or achieve the objective specified in their plan of care within a 60-day period.
- (4) Services provided under a written treatment plan which is reviewed at least once every 60 days, with certification and recertification by the ordering physician or physician assistant. If the service is provided to a Medicare beneficiary and covered by Medicare, the physician or physician delegate must review the plan of care and visit the patient at intervals required by Medicare rather than at intervals required by MA.
- (5) For long term care recipients, services for which there is a statement in the clinical record every 30 days by the audiologist providing or supervising the services that the nature, scope, duration, and intensity of the services provided are appropriate to the medical condition of the recipient. (This statement is not required for an initial evaluation).
- (6) Services provided in the independent audiologist's own office, recipient's home, nursing facility, ICF/MR, or day training and habilitation services site.

Audiologist is defined as an individual who has a certificate of clinical competence from the American Speech-Language-Hearing Association and meets the state licensure and registration requirements for the services the person provides.

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ATTACHMENT 3.1-A
Page 42c

11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist). (continued)

Coverage of **hearing (audiology) therapy services** does not include:

- (1) Services that are not documented in the recipient's clinical record, even if the services were authorized by a physician.
- (2) Training or consultation provided by an audiologist to an agency, facility, or other institution.
- (3) Services provided by an audiologist other than the audiologist billing for the services, or a person completing the clinical fellowship year under the supervision of the audiologist, unless the audiologist provided the services in a hospital, rehabilitation agency, home health agency, or clinic, or as an employee of a physician or long-term care facility; in which case the contracting or employing facility, agency, or person must bill for the services.

Hearing aid services: After a physician rules out medical and surgical contraindications, the physician refers the recipient for an audiologic evaluation. An audiologist or otolaryngologist provides audiologic testing, and if a hearing aid is indicated, prescribes a specific hearing aid offered under the hearing aid volume purchase contract or refers the recipient to a hearing aid services provider.

Payment is made to hearing aid services providers for hearing aids, dispensing fees, hearing aid repairs, accessories, ear molds when not provided with the hearing aid and batteries.

Coverage of **hearing aids** is limited to:

- (1) One monaural or one set of binaural hearing aids within a period of five years unless prior authorized. A hearing aid will not be replaced when the recipient has received a replacement hearing aid twice within the five year period previous to the date of the request.
- (2) Non-contract hearing aids require prior authorization.

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ATTACHMENT 3.1-A
Page 42d

11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist). (continued)

Coverage of **hearing aids** does not include:

- (1) Replacement batteries provided on a scheduled basis regardless of their actual need.
- (2) Services specified as part of the contract price when billed on a separate claim for payment. This includes any charges for repair of hearing aids under warranty.
- (3) Routine screening of individuals or groups for identification of hearing problems.
- (4) Separate reimbursement for postage, handling, taxes, mileage, or pick-up and delivery.
- (5) Nonelectronic hearing aids, telephone amplifiers, vibrating molds, dry aid kits, and battery chargers.
- (6) Maintenance, cleaning, and checking of hearing aids, unless there has been a request or referral for the service by the person who owns the hearing aid, the person's family, guardian or attending physician.
- (7) Loaner hearing aid charges.
- (8) Canal type hearing aids.
- (9) A noncontract hearing aid that is obtained without prior authorization.
- (10) Services included in the dispensing fee when billed on a separate claim for payment.
- (11) Hearing aid services to a resident of a long-term care facility if the services did not result from a request by the resident, a referral by a registered nurse or licensed practical nurse who is employed by the long-term care facility, or a referral by the resident's family, guardian or attending physician.
- (12) Hearing aid services prescribed or ordered by a physician if the physician or entity commits a felony listed in United States Code, title 42, section 1320a-7b, subject to the "safe harbor" exceptions listed in 42 CFR 1001.952.
- (13) Replacement of a lost, stolen or damaged hearing aid if MA has provided three hearing aids in the five years prior to the date of the request for a replacement.

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ATTACHMENT 3.1-A
Page 42e

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- 11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist). (continued)

Augmentative and alternative communication devices are defined as devices dedicated to transmitting or producing messages or symbols in a manner that compensates for the impairment and disability of a recipient with severe expressive communication disorders. Examples include: communication picture books, communication charts and boards, and mechanical or electronic dedicated devices. Prior authorization must be obtained for all augmentative communication devices.

Coverage of **augmentative and alternative communication devices** is limited to:

- (1) Evaluation for use of augmentative and alternative communication devices to supplement oral speech.
- (2) Speech pathologists may only provide modification and programming of augmentative and alternative communication devices.
- (3) Construction, programming or adaptation of augmentative and alternative communication devices.

Augmentative and alternative communication devices are not covered if facilitated communication is required.

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ATTACHMENT 3.1-B
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ATTACHMENT 3.1-B
Page 41

11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist).

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- (2) Services provided by a speech language pathologist or a person completing the clinical fellowship year required for certification as a speech-language pathologist under the supervision of a speech-language pathologist.
- (3) (A) Services provided to a recipient whose functional status is expected by the physician, physician assistant or nurse practitioner to progress toward or achieve the objectives in the recipient's plan of care within a 60-day period; or

(B) Specialized maintenance therapy services necessary for maintaining the patient's current level of functioning or for preventing deterioration of the patient's medical condition(s).
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ATTACHMENT 3.1-B
Page 41b

11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist). (continued)

Coverage of **hearing (audiology) therapy services** is limited to:

- (1) Services provided upon written referral by a physician, physician assistant or nurse practitioner.
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ATTACHMENT 3.1-B
Page 41e

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